# [Company Name] [Street Address] [City, ST ZIP] Phone: (000) 000-0000

## **INVOICE**

INVOICE #	DATE

#### **CUSTOMER ID**

**Community Charitable Relief Program** 

### **ATTACH TO SWORN VOUCHER**

#### **BILL TO**

Crook County
Board of County Commissioners
PO Box 37
Sundance, WY 82729
307-283-1323

lindaf@crookcounty.wy.gov

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Amount requested for Sections 7(a)(iii)(A) and or (B) of the Program Rules			-
Amount requested for Sections 7(a)(iii)(C) of the Program Rules			-
Amount requested for Section 8 of the Program Rules			-
			-
ATTACH ITEMIZED RECIEPTS			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL			\$ -